

ISSUE SLIP STAMP AREA (for additional claims references)

MB

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.D		1/26/99
O.I.P.E. CLASSIFIER		16	1-28-99
FORMALITY REVIEW	OK	2421	2-4-99

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Cancelled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
41	✓	✓	2/25/02
42	✓	✓	1/15/01
43	✓	✓	6/10/01
44	✓	✓	8/17/01
45	✓	✓	5/5/02
46	✓	✓	4/4/02
47	✓	✓	6/26/02

Claim	Final	Original	Date
48	✓	✓	7/27/01
49	✓	✓	12/17/01
50	✓	✓	5/5/02
51	✓	✓	4/4/02
52	✓	✓	6/26/02
53	✓	✓	
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 state additional sheet here

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